

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11034

STATE FILE NUMBER

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 2515

2515

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 1244 Hampton Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES F. SCHMITT		4. DATE OF DEATH Month Day Year Mar. 12 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) Furnace Worker-Scullin Steel Co.		11. BIRTHPLACE (City and state or country) Leopold, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Schmitt		14. MOTHER'S MAIDEN NAME Ann Prankle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-09-4078	17. INFORMANT Address (Wife) Josephine Schmitt 1244 Hampton Av.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction with embolus to brain and lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I-(a) 420.1			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-8-57 to 3-12-57 and last saw him alive on 3-12-57 Death occurred at 8:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dorothy Bailey M.D.		22b. ADDRESS NOT RECORDED #1114 STANIS 3 Ho	
22c. DATE SIGNED 3-12-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	23b. DATE 3-14-1957	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Leopold, Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S.Kingshighway		25. DATE RECD. BY LOCAL REG. MAR 13 '57	26. REGISTRAR'S SIGNATURE [Signature]

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *William B. White* .....

Licensed Embalmer No. *429*

P. O. Address *220 W. 1st St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.